

Fill in this information to identify the case:

Debtor 1 Derek Washington
Debtor 2 _____
United States Bankruptcy Court for the: Eastern District of Pennsylvania
Case number 24-13213

HARPER, MEGAN on 3/4/2025 at 12:34 PM EST
Case Name: Derek Washington
Case Number: 24-13213-amc
Creditor Name: City of Philadelphia Law Department
Tax Litigation and Collections Unit
1401 John F. Kennedy Blvd., Suite 580
Philadelphia, PA 19102
Claim Number: 9 Claims Register
Amount Claimed: \$123.66
Amount Secured:
Amount Priority:

Official Form 410

Proof of Claim

04/19

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

Part 1: Identify the Claim

1. Who is the current creditor?	City of Philadelphia / School District of Philadelphia Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor _____		
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____		
3. Where should notices and payments to the creditor be sent? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices to the creditor be sent? City of Phila Law Dept - Tax Lit & Coll Unit Name 1401 JFK Blvd, 5th Floor Number Street Philadelphia PA 19102 City State ZIP Code Contact phone 215-686-0503 Contact email megan.harper@phila.gov	Where should payments to the creditor be sent? (if different) Name Number Street City State ZIP Code Contact phone _____ Contact email _____	
Uniform claim identifier for electronic payments in chapter 13 (if you use one): -----			
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on MM / DD / YYYY		
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____		

Part 2: Give Information About the Claim as of the Date the Case Was Filed

6. Do you have any number you use to identify the debtor?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: <u>1 3 5 9</u>
7. How much is the claim?	\$ <u>123.66</u> . Does this amount include interest or other charges? Plus Unliquidated Claims. <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).
8. What is the basis of the claim?	Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card. Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c). Limit disclosing information that is entitled to privacy, such as health care information. Municipal Claim
9. Is all or part of the claim secured?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. The claim is secured by a lien on property. Nature of property: <input type="checkbox"/> Real estate. If the claim is secured by the debtor's principal residence, file a <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i> . <input type="checkbox"/> Motor vehicle <input type="checkbox"/> Other. Describe: _____ Basis for perfection: Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)
	Value of property: \$ _____ Amount of the claim that is secured: \$ _____ Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)
	Amount necessary to cure any default as of the date of the petition: \$ _____ Annual Interest Rate [Real Estate](when case was filed) _____ % Annual Interest Rate [Judgments](when case was filed) _____ % <input type="checkbox"/> Fixed <input type="checkbox"/> Variable
10. Is this claim based on a lease?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition. \$ _____
11. Is this claim subject to a right of setoff?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Identify the property: _____

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

- | | Amount entitled to priority |
|---|------------------------------------|
| <input type="checkbox"/> No | \$ _____ |
| <input checked="" type="checkbox"/> Yes. Check one: | |
| <input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). | \$ _____ |
| <input type="checkbox"/> Up to \$3,025* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7). | \$ _____ |
| <input type="checkbox"/> Wages, salaries, or commissions (up to \$13,650*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4). | \$ _____ |
| <input checked="" type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8). | \$ <u>Unliquidated</u> |
| <input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5). | \$ _____ |
| <input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)(____) that applies. | \$ _____ |

* Amounts are subject to adjustment on 4/01/22 and every 3 years after that for cases begun on or after the date of adjustment.

Part 3: Sign Below

**The person completing this proof of claim must sign and date it.
FRBP 9011(b).**

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

**A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both.
18 U.S.C. §§ 152, 157, and 3571.**

Check the appropriate box:

- I am the creditor.
- I am the creditor's attorney or authorized agent.
- I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.
- I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 02/07/2025
MM / DD / YYYY

/s/ Megan N. Harper

Signature

Print the name of the person who is completing and signing this claim:

Name	Megan N. Harper		
	First name	Middle name	Last name
Title	Divisional Deputy City Solicitor		
Company	City of Philadelphia Law Department - Tax Litigation & Collections Unit		
	Identify the corporate servicer as the company if the authorized agent is a servicer.		
Address	1401 JFK Blvd, 5th Floor		
	Number	Street	
	Philadelphia		PA
	City	State	ZIP Code
Contact phone	215-686-0503		Email megan.harper@phila.gov

Debtor: DEREK WASHINGTON

Interest and Penalties as of: 11-Sep-2024

***City of Philadelphia
Pre-Petition Itemized Statement***

Bankruptcy: 24-13213

Filing date: 11-Sep-2024

Claim Type: General Unsecured

Net Profits Tax - Account # 1702

Filing Period	Tax	Interest	Penalty	Other	Jdmt Amt	Balance	Comments
31-Dec-2012	\$29.37	\$28.11	\$66.18	\$0.00	\$0.00	\$123.66	
	\$29.37	\$28.11	\$66.18	\$0.00	\$0.00	\$123.66	
Subtotal:						\$123.66	
Total Claim:						\$123.66	

Debtor: DEREK WASHINGTON

Nonfiler Schedule

Bankruptcy: 24-13213
Filing date: 11-Sep-2024

Unliquidated Claim

Business Income and Receipts Tax - Account #4470

Filing Period

31-Dec-2018
31-Dec-2019
31-Dec-2020
31-Dec-2021
31-Dec-2022
31-Dec-2023

Unliquidated Claim

Net Profits Tax - Account #1702

Filing Period

31-Dec-2018
31-Dec-2019
31-Dec-2020
31-Dec-2021
31-Dec-2022
31-Dec-2023